

Patient Barriers to Colon Cancer Screening

Colon cancer is the second leading cause of cancer deaths in the US¹, but it is also one of the most preventable forms of cancer.² Screening has been shown to reduce deaths related to colon cancer, and also to reduce the incidence through the identification of premalignant polyps.³ The populations most at risk are men and women with a family history of colon cancer and those above the age of 50. According to the Agency for Health Care Research and Quality, there are several different screening strategies that are widely accepted for use: a fecal occult blood test (FOBT) administered annually, the flexible sigmoidoscopy administered every 5 years, a combination of FOBT annually and sigmoidoscopy every 5 years, a colonoscopy administered every 10 years, or a double contrast barium enema administered every 5 to 10 years.^{3,4} Both the American Cancer Society (ACS) and United States Preventive Services Task Force (USPSTF) published similar screening guidelines for average-risk people over the age of 50.⁵

Despite the evidence that colon cancer screening does work and the fact that there are national screening recommendations in place, the rates of people who do not get screened are still quite high. The most recent data from the Washington Behavioral Risk Factor Surveillance Study (BRFSS) in 2002 shows that only about half (52%) of the at-risk population is up-to-date for colon cancer screening.⁶ This low rate is suboptimal and much attention has been given to determining why people do or do not get screened. There are several barriers to screening for colon cancer that have been discovered through survey studies. These barriers include a general lack of awareness of colon cancer screening, lack of physician recommendation, confusion and anxiety about the screening procedures, and lack of access to health care. This report summarizes the literature addressing each of these barriers.

Lack of Awareness

In 2002, the Washington BRFSS added questions to assess why participants were not screened for colon cancer. Fifty percent of the unscreened participants cited lack of awareness as their primary reason for not being screened.⁶ Lack of awareness was defined as the following: the participant did not think the test is necessary or needed, had not heard of the test, did not think disease is relevant to him/her, did not know enough about the test, or was focused on other diseases, so was not aware of colon cancer. Other surveys have found similarly large proportions of unscreened participants giving lack of awareness as their reason for not being screened.^{1,7}

Lack of Physician Recommendations

The lack of a physician recommendation for colon cancer screening is a substantial barrier to being screened.^{1,3,7} One reason physicians often don't recommend colon cancer screening is the fact that physicians perceive that the patient would not comply with their screening recommendations.¹ Another study showed that physicians' perceptions of patient beliefs can be quite different than the patients' actual beliefs. When physicians were asked what they thought the most important colon cancer test feature would be for patients, 64% replied that discomfort would be most important to patients. Only 15% of the patients surveyed said discomfort was the most important test feature; 54% rated test accuracy as most important. Physicians need to recognize that their recommendations are important to patients.

Confusion and Anxiety About Screening Procedures

Fear of the unpleasantness or discomfort of the test has been noted as a significant barrier to colon cancer screening.^{5, 8} Also, with all the acceptable forms of screening that exist, some patients experience confusion over which test to choose and how often to be screened. The fact that the recommended tests have different intervals (yearly for FOBT, every 5 years for flexible sigmoidoscopy, and every 10 years for colonoscopy) can also make it difficult for patients to keep track of when it is time for screening.

This variety of acceptable screening procedures gives patients choices in deciding which screening procedure to undergo. This can have both a positive and negative effect in that patients have more power over their healthcare but may be confused over which test to choose. Studies have shown that the value that a patient places on certain aspects of a test affects their preferred screening method. The test that is chosen will be different depending on what the preference is for that patient. For example, a person that values accuracy the most would be more likely to choose a colonoscopy over an FOBT. However, a patient who is worried about the preparation required for endoscopy or the potential for pain would probably prefer to do an FOBT. Physicians need to make all screening options available to their patients and be prepared to help them think through which test is most compatible with the patient's values and preferences.

Lack of Access to Health Care

Any factor that limits access to healthcare is a barrier to being screened for colon cancer. Our analysis of the WA BRFSS data showed that participants with low income, no health insurance, and without a regular health care provider were less likely to be screened for colon cancer. Other studies have found similar associations of health care access with screening status.^{1, 9, 10} Improving access to healthcare for underserved populations would improve screening rates for these groups.

Conclusion

The benefits of colon cancer screening are clear, but screening rates remain low. Understanding patient barriers to screening will help us design interventions to address these barriers and increase colon cancer screening rates. This review shows that there are a variety of patient barriers to colon cancer screening, but one of the most important to recognize is the general lack of awareness of the need for screening. Large proportions of unscreened people report that they didn't know that they need to be screened, or state that their doctor did not tell them to be screened. Addressing these barriers will involve working with patients and healthcare providers to educate patients and encourage them to complete whichever screening test fits their values and preferences best.

References

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- ¹ Wee CC, McCarthy EP, Phillips RS. Factors associated with colon cancer screening: the role of patient factors and physician counseling. *Prev Med.* 2005 Jul;41(1):23-9. Epub 2004 Dec 29.
 - ² Jagot C. The importance of improving awareness of colorectal cancer. *Nurs Times.* 2004 Apr 6-12;100(14):30-1. Review.
 - ³ Ling BS, Moskowitz MA, Wachs D, Pearson B, Schroy PC. Attitudes toward colorectal cancer screening tests. *J Gen Intern Med.* 2001 Dec;16(12):822-30.
 - ⁴ Winawer SJ, Fletcher RH, Miller L, et al. Colorectal cancer screening: clinical guidelines and rationale. *Gastroenterology.* 1997;112:594-642.

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- ⁵ James AS, Campbell MK, Hudson MA. Perceived barriers and benefits to colon cancer screening among African Americans in North Carolina: how does perception relate to screening behavior? *Cancer Epidemiol Biomarkers Prev.* 2002 Jun;11(6):529-34.
- ⁶ Hannon P, Harris JR, Martin D, VanEenwyk J, Bowen D. Colorectal cancer screening in Washington state: predictors of current screening and explanations for no screening. *Prev Chronic Dis.* Vol 2; 2005.
- ⁷ Rawl SM, Menon U, Champion L, et al. Do benefits and barriers differ by stage of adoption for colorectal cancer screening? *Health Ed Research.* 2004 Aug;20(2):137-148.
- ⁸ Fairfield K, Chen W, colditz G, Emmons K, Fletcher S. Colon cancer risk counseling by health-care providers: perceived barriers and response to an internet-based cancer risk appraisal instrument. *J Cancer Educ.* 2004;19:95-97.
- ⁹ Walsh JM, Posner SF, Perez-Stable EJ. Colon cancer screening in the ambulatory setting. *Prev Med.* 2002 Sep;35(3):209-18.
- ¹⁰ Sheikh RA, Kapre S, Calof OM, Ward C, Raina A. Screening preferences for colorectal cancer: a patient demographic study. *South Med J.* 2004 Mar;97(3):224-30

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